

NAME CHANGE

for an Adult who is the Parent
of at Least One Minor Child

1

To Request a
Name Change

Completing and Filing
the Court Papers



Self-Service Center

REQUEST A CHANGE OF NAME FOR AN ADULT WITH AT LEAST ONE MINOR CHILD

This packet contains court forms and instructions to file an application to change the name of an adult with at least one minor child. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	CVNCC1t	Table of forms/instructions in this packet	1
2	CVNCC1k	Checklist: "You may use these forms if . . ."	1
3	CVNCC10p	Procedures: How to File for a Change of Name With This Court	3
4	CV10f	<i>"Civil Cover Sheet"</i>	2
5	CVNC11f	<i>"Application for Change of Name for an Adult"</i>	1
6	CVNC18f	<i>"Notice of Hearing Regarding Application for Change of Name"</i>	1
7	CVNC15f	<i>"Consent of Parent to Name Change of Other Parent and Waiver of Notice"</i>	1
8	CVNC16f	<i>"Consent of Spouse to Name Change of an Adult and Waiver of Notice"</i>	1
9	CVNC24f	<i>"Affidavit of Service by Certified Mail"</i>	1
10	CVNC81f	<i>"Order Changing Name for An Adult"</i>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Self-Service Center

**APPLICATION FOR CHANGE OF NAME
FOR AN ADULT WHO IS THE PARENT
OF AT LEAST ONE MINOR CHILD**

CHECKLIST

You may use this packet if the following factors apply to your situation:

- ✓ You are a resident of the county where you are filing this request.
- ✓ You want to ask the Court to change your name, AND
- ✓ You are an adult 18 years or older, AND
- ✓ You are the parent of at least one minor child.

DO NOT USE THESE FORMS TO

X CHANGE YOUR NAME BECAUSE YOU GOT MARRIED.

NOTE: You do not need to request a name change through the Court if you get married and want to use your spouse's last name.

READ ME: Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

SELF-SERVICE CENTER
PROCEDURES: HOW TO FILE FOR A CHANGE OF NAME WITH THIS COURT
FOR AN ADULT WHO IS THE PARENT OF AT LEAST ONE MINOR CHILD

STEP 1: Fill out the *“Application for Change of Name for an Adult”* and make **2** copies.

STEP 2: Fill out the *“Civil Cover Sheet”* and check box **152** for “Change of Name” on page 2.

STEP 3: FILE THE PAPERS AT THE COURT:

WHO: **Who must file the *“Application for Name Change of an Adult”* 18 years or older?**
The adult who seeks the change, or his or her attorney.

GO TO: **GO TO THE CLERK OF COURT TO FILE YOUR PAPERS:** The Court is open from 8am-5pm, Monday-Friday. **You should go to the Court at least two hours before it closes.**
You may file your court papers at the following Superior Court locations:

The Clerk of the Superior Court
Central Court Building
201 West Jefferson, 1st floor
Phoenix, Arizona 85003

The Clerk of the Superior Court
Southeast Court Facility
222 East Javelina Drive, 1st floor
Mesa, Arizona 85210

The Clerk of the Superior Court
Northwest Court Facility
14264 West Tierra Buena Lane
Surprise, Arizona 85374

The Clerk of the Superior Court
Northeast Regional Court Center
18380 North 40th Street
Phoenix, AZ 85032

FILING FEE: There is a filing fee of **\$230.00** for this process

FEE DEFERRAL: You may request a deferral of your filing fees at the time you file your papers with the Clerk of the Court. If you qualify, this will allow you to file now and pay later or make a partial payment now and pay the balance at a later date. The deferral forms are located at the Self-Service Center and the Filing Counters listed above.

PAPERS: Give **1** Civil Cover Sheet and **1** original plus **2** copies of the application to the Clerk along with the **\$230.00** filing fee. Cash, VISA/MasterCard debit or credit cards, money order, or personal in-state check **made payable to the “Clerk of Superior Court”** are acceptable.*
Make sure the filing clerk stamps both of your copies and returns them to you.

STEP 4: SCHEDULE YOUR HEARING WITH COURT ADMINISTRATION:

GO TO: After filing your application, bring the **2** copies and the *“Notice of Hearing Regarding Application for Change of Name”* to Court Administration to get your hearing date. Facilities listed below are open Monday through Friday, 8am - 5pm, except for Court holidays.

Court Administration
125 W. Washington #003
(basement level)
Phoenix, AZ 85003

Court Administration
222 East Javelina Drive, 1st floor
Mesa, Arizona 85210

Court Administration
14264 West Tierra Buena Lane
Surprise, Arizona 85374

Court Administration
18380 North 40th Street
Phoenix, AZ 85032

Court Administration will complete the *“Notice of Hearing Regarding Application for Change of Name”* to show the date, time, and place of your hearing. You must complete all other information on the *“Notice of Hearing”* form.

STEP 5: NOTIFY ANY INTERESTED PARTY

WHO: You must notify your spouse, if you are married, about your request for name change and the scheduled hearing.

HOW TO NOTIFY: If you know where your spouse lives, you can do one of the following:

1. IF YOUR SPOUSE AGREES WITH YOUR REQUEST – Give your spouse a stamped copy of your application and the ***“Notice of Hearing Regarding Application for Change of Name”*** that shows the date, time, and place of your hearing. Then, have your spouse complete the form entitled, ***“Consent of Spouse to Name Change of an Adult and Waiver of Notice”*** and have it notarized. That document serves as your proof of notice. Bring the signed and notarized ***“Consent of Spouse to Name Change of an Adult and Waiver of Notice”*** to the hearing.
2. IF YOUR SPOUSE DOES NOT AGREE WITH YOUR REQUEST OR YOU ARE NOT SURE IF HE/SHE AGREES - Give your spouse a stamped copy of your application and the ***“Notice of Hearing Regarding Application for Change of Name”*** that shows the date, time, and place of your hearing. Then, have the person sign an ***“Acceptance of Service”*** (That form is available through the Self-Service Center). That notarized form serves as the proof of notice. Bring the signed and notarized ***“Acceptance of Service”*** to the hearing; **OR,**
3. Send a clerk-stamped copy of your application and the ***“Notice of Hearing Regarding Application for Change of Name”*** showing the date, time, and place of hearing by certified mail/restricted delivery (return receipt requested). This must be done at least 30 days before the hearing. Proof of notice for this step is the card returned to you from the Post Office showing delivery. Bring the card and a completed ***“Affidavit of Service by Certified Mail”*** to the hearing. The person who should receive notice of the hearing must sign the return receipt.

If you do NOT know where your spouse lives:

A Notice of Hearing that shows the date, time, and place of your hearing must be published once in a newspaper of general circulation in Maricopa County at least 14 days before the hearing. This is called notice by publication.

If notice is by publication, you must complete a notarized statement explaining in detail what efforts you made to locate the person(s). Bring that statement with you to the hearing. The Court will not accept notification by publication unless diligent efforts have been made to locate the person for whom notification is required. For more information regarding service by publication, please see the Self-Service Center packet on Service of Court Papers When You Cannot Find the Other Party.

STEP 6: ATTEND THE HEARING

All adults who are requesting a name change **MUST** be present at the hearing.

BRING THESE DOCUMENTS TO YOUR HEARING:

- **2** copies of ***“Order Changing Name for an Adult”*** for the Judge to sign. One copy will go in the Court file and the other will be prepared for certification and returned to you.
- **There is a court fee of \$18.00 for each certified copy.***
- Photo identification for any person(s) who requests the change of name
- Copy of your Arizona Birth Certificate (if born in Arizona)
- A Clerk-stamped copy of all filed documents
- Proof of Notice as described above in Step 5
- Divorce Decree (If applicable)
- Prior Name Change orders (If applicable)
- Proof of naturalization or resident alien status (If applicable)
- Copy of Orders of Protection and/or Injunctions Against Harassment still in effect (If applicable)
- **If the person requesting the change of name is not a United States citizen, his/her passport or proof of immigration status must also be provided at time of hearing.**

Always make sure that you make a copy of any documents you submit to the Court, and keep those copies for your records.

All adults seeking a name change should bring with them their passport, driver's license, or other government-issued photo identification.

- ♦ Adults *seeking to change their birth records* **MUST** also bring a copy of their government-issued birth certificate.
- ♦ The Court will not change a birth certificate without first seeing a copy. Hospital-issued birth certificates are largely ceremonial and generally will not satisfy Court requirements.
- ♦ The Court is looking for government-issued birth certificates.

For adults *not* seeking to change their birth records, it is not mandatory that they bring their government-issued birth certificate, however, *it is still recommended*.

NOTE: If the Court has ordered that the name on your Arizona birth records be changed, you may purchase a new birth certificate at the Office of Vital Records for a fee of \$23. If Vital Records has not already received the Order from the Court, you will need to provide them with a Certified Copy of the Order.*

***To get a certified copy of your court order** you will need to present your Judge-signed copy along with payment of \$18.00 cash, personal in-state check or money order (payable to "Clerk of Superior Court"), or VISA/Mastercard (for each certified copy) to the Filing Counter within 48 hours. If you need additional copies after that time, you will need to go to the Court's Customer Service Center at 601 W. Jackson Street in Phoenix.

Vital Records offices at 1818 W. Adams, Phoenix, AZ 85007, are open between 8:00 a.m. and 4 p.m., Monday through Friday. **Free covered parking** is available one block east on 18th Avenue, between Van Buren and Adams Streets. You may also telephone Vital Records at 602-364-1300. You may experience lengthy hold times.

In The Superior Court of the State Of Arizona In and For the County Of Maricopa

CIVIL COVER SHEET

CASE NUMBER: _____

PLAINTIFF'S NAME

PLAINTIFF'S ADDRESS

(List additional Plaintiffs on reverse side)

PLAINTIFF'S ATTORNEY

(Name and State Bar Number)

DEFENDANT'S NAME

(List additional Defendants on reverse side)

AMOUNT IN CONTROVERSY (If alleged)

Compensatory \$ _____
Punitive \$ _____
Attorney Fees \$ _____

- ☐ TRO
☐ Provisional Remedy
☐ OSC
☐ Other (specify) _____

REASON FEES NOT PAID:

- ☐ Government Charge
☐ Deferred

NATURE OF ACTION

Place an **"X"** next to the number which describes the nature of the case. Please check **ONE** nature of action, and **ONE ONLY**.

100 TORT MOTOR VEHICLE

- ☐ 101 Non Death Injury
☐ 102 Property Damage
☐ 103 Death

110 TORT NON-MOTOR VEHICLE

- ☐ 111 Negligence
☐ 112 Products Liability
☐ 113 Intentional
☐ 114 Property Damage
☐ 115 Legal
☐ 116 Other (specify) _____

120 MEDICAL MALPRACTICE

- ☐ 121 Physician - M.D
☐ 122 Physician - D.O
☐ 123 Hospital
☐ 124 Other: (specify) _____

130 CONTRACTS

- ☐ 131 Account (Open or Stated)
☐ 132 Promissory Note
☐ 133 Foreclosure
☐ 134 Other (specify) _____
☐ 135 Real Property Excess Proceeds

140 APPEAL or REVIEW - Use Clerk of Court's LC (Lower Court) Appeals Coversheet**150-177 OTHER CIVIL**

- ☐ 150* Property Tax per A.R.S. 12-163(B) *(**ALL OTHER TAX matters must** be filed in the **AZ TAX COURT**)
- | | |
|---|--|
| <input type="checkbox"/> 151 Forcible Detainer | <input type="checkbox"/> 169 Attorney Conservatorships (Filed by the AZ State Bar) |
| <input type="checkbox"/> 152 Change of Name | <input type="checkbox"/> 170 Unauthorized Practice of Law (Filed by the AZ State Bar) |
| <input type="checkbox"/> 153 Transcript of Judgment | <input type="checkbox"/> 171 Out of State Deposition for Foreign Jurisdiction Commissions/ Letters Rogatory Per ARCP 28(a)(b).) |
| <input type="checkbox"/> 154 Foreign Judgment | <input type="checkbox"/> 172 Secure Attendance of Prisoner |
| <input type="checkbox"/> 155 Declaratory Judgment | <input type="checkbox"/> 173 Assurance of Discontinuance |
| <input type="checkbox"/> 156 Eminent Domain | <input type="checkbox"/> 174 In State Deposition for Foreign Jurisdiction (Issuance of Subpoena/ Subpoena Duces Tecum per ARCP 30(h).) |
| <input type="checkbox"/> 157 Habeas Corpus | <input type="checkbox"/> 175 Election Contest |
| <input type="checkbox"/> 158 Quiet Title | <input type="checkbox"/> 176 Eminent Domain – LIGHT RAIL ONLY |
| <input type="checkbox"/> 159 Restoration of Civil Rights | |
| <input type="checkbox"/> 160 Forfeiture | |
| <input type="checkbox"/> 161 DES Instant Judgment | |
| <input type="checkbox"/> 162 Harassment | |
| <input type="checkbox"/> 163 Other | |
| <input type="checkbox"/> 165 Tribal Judgment | |
| <input type="checkbox"/> 167 Structured Settlement (A.R.S. 12-2901) | <input type="checkbox"/> 177 Interpleader – AUTOMOBILE ONLY |

To the best of my knowledge, all information is true and correct.

Signature of Attorney or Plaintiff

ADDITIONAL PLAINTIFF(S): _____

ADDITIONAL DEFENDANT(S) _____

NOTICE

PLEASE DO NOT INCLUDE THIS FORM WITH CASES WHICH HAVE ALREADY BEEN FILED. This form can only be processed at the time of filing New Complaints and Petitions.

Thank you for assisting us with our efforts to improve service.

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
☐ Representing Self (No Attorney), or ☐ Represented by Attorney
 If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

Case Number: _____

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

Name of Applicant

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME, THE APPLICANT

Name on Birth Certificate: or ☐ Current Legal Name:

First	Middle	Last

Date of Birth: _____

County of Residence: _____

Place of Birth: _____

2. I ask that my name be changed to:

First	Middle	Last

3. ☐ I ask that the birth records be changed to reflect the new name listed above.

4. REASON FOR THIS REQUEST FOR CHANGE OF NAME

I request that the name be changed as listed above for the following reason(s):

5. ADDITIONAL STATEMENTS

A. Has the applicant listed above been convicted of a felony? ☐ Yes ☐ No

B. This application is made solely for the best interest of the person named above. It will not release the person from any obligations incurred or harm any rights of property or action in any original name.

OATH OR AFFIRMATION OF APPLICANT

The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk

Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Day/Evening Phone: _____ / _____
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
 If Attorney, Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of: _____

Case Number: _____

NOTICE OF HEARING REGARDING APPLICATION FOR CHANGE OF NAME

Name(s) of person(s) requesting name change

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE:** An application for Change of Name has been filed with the Court by the person(s) named above. A hearing has been scheduled where the Court will consider whether to grant or deny the requested change. If you wish to be heard on this issue, you must appear at the hearing at the date and time indicated below.
2. **COURT HEARING.** A court hearing has been scheduled to consider the Application as follows:

DATE: _____ **TIME:** _____

☐ **BEFORE:**

☐ Commissioner _____
 125 W. Washington Street
 Courtroom _____
 Phoenix, AZ 85003

☐ Commissioner _____
 18380 North 40th Street
 Courtroom _____
 Phoenix, AZ 85032

☐ Commissioner _____
 14264 W. Tierra Buena Lane
 Courtroom _____
 Surprise, AZ 85374

☐ Commissioner _____
 222 E. Javelina Drive
 Courtroom _____
 Mesa, AZ 85210

DATED: _____
 (Month/Day/Year)

Applicant's Signature

Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Day/Evening Phone: _____ / _____
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
 If Attorney, Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of _____

Case Number: _____

CONSENT OF PARENT TO NAME CHANGE OF OTHER PARENT AND WAIVER OF NOTICE

Name of Applicant _____
 (Person Requesting Name Change)

REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____
Month
Day
Year

☐ The applicant and I have at least one child in common.

2. I have read the Application for Name Change and consent to changing the other parent's legal name to new name of:

First	Middle	Last

3. I waive notice of all further proceedings in this matter.

OATH OR AFFIRMATION OF CONSENTING "OTHER PARENT"

The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk

Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Day/Evening Phone: _____ / _____
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
 If Attorney, Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of _____

Case Number: _____

CONSENT OF SPOUSE TO NAME CHANGE OF OTHER SPOUSE AND WAIVER OF NOTICE

Name of Applicant _____
 (Person Requesting Name Change)

REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____
Month
Date
Year

☐ I am married to the Applicant (the person requesting the name change).

2. I have read the Application for Name Change and consent to changing my spouse's legal name to the new name of:

First	Middle	Last

3. I waive notice of all further proceedings in this matter.

OATH OR AFFIRMATION OF CONSENTING SPOUSE

The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk

Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Day/Evening Phone: _____ / _____
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
 If Attorney, Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

_____ Case Number: _____
 Name of Applicant

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the ***"Application for Change of Name"*** and the ***"Notice of Hearing Regarding Application for Change of Name"*** on the person named below by certified mail/restricted delivery, return receipt requested.

Person served (name of other party): _____

Address where other party was served: _____

Date of receipt by the other party: _____

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

The contents of this document are true and correct to the best of my knowledge and belief.

Signature of Sender

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk

In the Matter of:

Case Number: _____

THE COURT FINDS:

- ## THE COURT ORDERS:

- | | | |
|-------|--------|------|
| | | |
| First | Middle | Last |

Place of Birth: _____
City _____ State _____ Nation _____

First	Middle	Last

2. ☐ For a person born in the State of Arizona, the Office of Vital Records is ordered to amend the birth record to reflect the new name as ordered above.

☐ For a person born in a state other than Arizona, to the extent that the agency that maintains birth records in that state is authorized to honor an order of this Court, that agency is requested or ordered to amend it's birth records to reflect the new name as ordered above.
3. This Order does not release the Applicant from any obligations incurred or harm any rights of property or action in any original name.
4. Other orders:

Judicial Officer